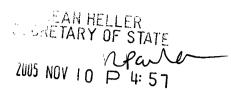
## NEVADA FINANCIAL DISCLOSURE STATEMENT (Attach additional sheets if necessary.)



NAME: BRIAN SANDOVAL MAILING ADDRESS 4145 LATIGO DRI	WIT .	LENGTH OF RESIDE	NCE IN NEVADA	35 YEARS		
MAILING ADDRESS 4145 LATIGO DRIVE CITY, STATE, ZIP RENO, NEVADA 89509		LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 12 YEARS VADA				
TELEPHONE (775) 746–2277		E-MAIL <u>brian.s</u>	andoval@sbc	global ne	<del></del>	
				<u> </u>	<u></u>	
List all public offices for which this financia	l disclosure stateme	nt is required [NRS 2	281.571, Subsection ANNUAL all elected and appointed public officers	CANDIDATE	APPOINTMENT of fill unexpired term of an elected or appointed public	
			(no later than Jan. 15 each year)	to qualify as a candidate)	officer (within 30 days)	
	Elected (E) or Annua		NRS 281.559(1)(b)	NRS 281.561(1)(a)	NRS 281.559(1)(a)	
NEVADA ATTORNEY GENERAL	Appointed (A) Compensa $X = X $	11	281.561(1)(b)		201.333(1)(a)	
	,		XX			
	\$		ᆜ			
	\$	<u> </u>				
List all general sources of income for you a  STATE OF NEVADA  CHILDREN'S CABINET OF RENO, N		household over 18	years of age [Ni	S	elf Household Member  X	
List each creditor to whom you or a membe or deed of trust on real property which is no vehicle for personal use was retained by sel	t required to be liste	d below. and (2) de	ore [except (1) d bt for which a se	ebt secured becurity interes	y mortgage t in a motor	
				Se	lf Household	
CHASE VISA				K	‴ Member	
	-					
			· · · · · · · · · · · · · · · · · · ·	<u>_</u>		
	<del></del>				] [	
				<del></del>	7 <del></del>	

involved as a trustee, beneficia	organization or enterprise operated ure, syndicate, corporation or assocary of a trust, director, officer, owner resenting 1% or more of the total ou	ciation) with which you or a mem	ber of your household is
			Self Household Member
N/A			
			🗆 🗆
			🖳
state or an adjacent state [NRS	cular use of all real estate (other that beneficial interest; (2) the fair marke 281.571, Subsection 1(c)]: ecific Location	an personal residence): (1) in what value of which is \$2,500 or mor	e; and (3) located in this
consanguinity or affinity; and (2	alue of each gift received in excess ear [except (1) a gift received from a ) ceremonial gifts received for a birt have a substantial interest in your leg	a person who is related to you w thday, wedding, anniversary, holi	rithin the third degree of day or other ceremonial
N/A	Donor		Value of Gift
			\$
			\$
			<u> </u>
THE INFORMATION I HAVE P	ROVIDED HEREIN IS ACCURATE	AND COMPLETE.	
Date:NOVEMBER 2, 2005	Signature:	Olphon	
	BŘIA	N SANDOVAL	